

GERMAN EUGENIC LEGISLATION

An Examination of Fact and Theory

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LEGISLATION intended to serve eugenic ends has been put forward in Germany with a vigour that is the ground for much pride and optimism among the foremost geneticists in that country. It is a drastic, even Draconian, measure, compelling the sterilization of a not inconsiderable fraction of the population. The text of the original law has been translated in an earlier number of the *EUGENICS REVIEW* (October 1933, page 179), and a report on its juristic aspect was supplied by "Regierungsrat" in the last issue (page 137). It is of considerable importance that one should know how that law is being put into effect, and what consequences have so far become evident.

The following is mainly concerned with the two official Ordinances (*Verordnungen*) and the Minister's "Rundschreiben," with the semi-official Commentary by Rüdin, Gütt and Ruttke, and the well-informed commentary upon this Commentary by Luxenburger, together with some reports on how the law is actually working as regards mental disorder. Finally, a brief account is given of Professor Eugen Fischer's view of the biological conception of the Folk-state ("Völkischer Staat"), of which this legislation is an expression.

OFFICIAL ORDINANCES

The first *Verordnung* was promulgated on December 5th, 1933, the second on May 29th, 1934: both were issued by the Reich Ministers for Home Affairs and for Justice.

In the first, the following provisions are of interest (the complete text is not reproduced, from considerations of space):

The application for sterilization is not to be made if great age or other causes render procreation impossible, if the operation would endanger life, or if the patient has to be permanently

detained in a "closed" institution. In the last instance, he may not be discharged or given parole until the application for sterilization has been made and the decision given. Sterilization is not to be undertaken before the completion of the tenth year.

Punitive institutions in the sense of the law are institutions where convicted prisoners or prisoners on trial are detained, or in which measures associated with the loss of liberty are carried out for the purpose of securing or improving persons.

If a qualified doctor in the course of his profession gets to know a person who has a hereditary disease as specified, or who suffers from severe alcoholism, then he must immediately report it to the official doctor. The same duty rests on other persons who have to do with the treatment, examination or advising of patients.

If the official doctor thinks sterilization is called for, he shall set about getting the person to be sterilized or his legal representative to put forward the proposal. If this fails, he must do so himself.

The Eugenetic Court or Upper Eugenetic Court can, after hearing the official doctor, order the commitment of the person to be sterilized to an appropriate hospital for a period up to six weeks. If sterilization is finally decided upon by the court, then the official doctor has to call on the patient in writing to be sterilized within two weeks; the appropriate hospitals are to be enumerated in the notification. If the patient has not alone put forward the proposal for his sterilization, he must further be informed that the operation will be done, even against his will.

If the person to be sterilized has obtained admission at his own cost to a "closed" institution, which guarantees that he will not procreate, then on his proposal the Court orders that the operation shall not be undertaken as long as he stays there or in a similar institution. If his legal representative made the application for this before the patient had completed his eighteenth year, then the patient can, on attaining this age, apply to be sterilized.

If, after the given period, the operation has not been performed and the person to be sterilized has not been admitted to a "closed" institution, or has left such an institution, then the operation is to be carried out with the help of the police, if necessary by the application of

direct force, in an institution designated by the official doctor. Direct force may not be employed for the sterilization of young people until they have completed their fourteenth year.

A patient whose sterilization has been decided upon, but who has been admitted to a "closed" institution, may not be discharged or given parole unless he has been sterilized or the decision has been reversed.

Any doctor who sterilizes or castrates a patient to avert a serious risk to life or health must report it in writing within three days to the appropriate official doctor.

In the second *Verordnung*, published as from May 29th, 1934, there are further administrative provisions. As a preliminary to the application for sterilization, the *Amtsarzt* can invite the person to be sterilized to attend for medical examination, and if necessary can demand police help for this. Hospitals, institutions and doctors must supply information to the *Amtsarzt* on request.

A person with hereditary disease, or an alcoholic, who is in a "closed institution," may be discharged for special reasons from the institution with the consent of the local *Amtsarzt*, even though his sterilization has not yet been applied for or ordered.

A circular letter was sent round about the same time. ("Rundschreiben des Reichsministers des Innern," on May 19th, 1934.) Among other matters, it states that the doctors in official employment are to visit non-state institutions in their area, and with the director thereof to determine which patients come under the law. A patient may evade sterilization by betaking himself into a "closed institution." He must then be reported as such. The Eugenic Courts, it is stated, will find it an advantage to hold sittings also in the institutions where the patients are, or even in an institution, though the patient has been living outside.

GERMAN COMMENTARIES ON THE LAW

There has recently been published a Commentary which can be regarded as having official sanction. Though it has presumably no direct juridical validity, it is an authoritative and detailed exposition by three men who have played a foremost part in the development of this law. These are Rüdin, the Director of the Genetics Department of

the Psychiatric Research Institute at Munich; Gütt, of the Ministry of Home Affairs, and Ruttke. It is not possible to summarize the contents of this work, which also gives the text and a commentary on the Law of November 24th, 1933, against Moral Offenders and Recidivists, providing for castration, etc.; and further contains an appendix on the surgical technique of sterilization in each sex.

The most active assistant and colleague of Professor Rüdin at the Munich Research Institute has been Professor Luxenburger, who has this month issued an informative article in which he examines disputable or significant points in the Commentary. He calls attention to the incompleteness of the Law in that it does not provide for the sterilization of the healthy uniovular twin of an affected person, or for the sterilization of the children of two affected parents. Like Rüdin, however, he looks forward to the time when, with further research, many more conditions will have been recognized as calling for sterilization because of their hereditary nature. He calls attention to the exclusive nature of the Law: no person not decreed by the Eugenic Court to be suffering from one of the diseases named in the Law may be sterilized, even at his own request, or though his disorder be undoubtedly hereditary. Voluntary sterilization is thus precluded, except for the diseases for which sterilization is compulsory. Carriers may not be sterilized voluntarily. It must be borne in mind that a person must be reported for sterilization, even though his illness is past and he has for many years been quite healthy. Similarly, where an inherited malformation has been corrected surgically.

Diagnosis is sufficient to constitute necessity for reporting the case, irrespective of whether the disorder is known to have occurred in other members of the family. Doubtful cases must be reported as such. The actual application for sterilization will usually be made by the official doctor, or Medical Officer of Health (*Amtsarzt*), to whom the practitioner will report it. Since, however, many of the cases will present difficulties of psychiatric diagnosis which the *Amtsarzt*'s

experience does not qualify him to settle, he may send the patient, who will in many instances not be in an institution, but living at home and possibly earning his living, into a mental hospital or clinic for the purpose of diagnosis; this may be done before the case is decided by the Eugenic Court. Luxenburger advocates generous use of such referral by the *Amtsarzt*. Gütt, Rüdin and Ruttke speak of it as appropriate where the person to be sterilized tries to evade the measure. Luxenburger emphasizes the importance of the *Amtsarzt* in the whole procedure, morally and administratively, and adds: "The Genetic Courts are not everywhere so constituted—nor will they be for a good time to come—that the fact that an application has been made could not play a part in some way in influencing the decision of the Courts." From this multiplicity of negatives one gathers that he thinks an application for sterilization will bias a Eugenic Court in many instances in favour of sterilization, and he says that to give way to any agreeable illusions on this point would be doing a poor service to the law or the ends it serves. "Nicht überall sind die Erbgesundheitsgerichte so zusammengesetzt—und sie werden es auch auf absehbare Zeit hinaus nicht sein—dass die Tatsache der Antragstellung nicht irgendwie auf die Entscheidung des Gerichts mit einwirken könnte. Auch bei peinlichster Objektivität und grösster Gewissenhaftigkeit der Gerichte. Sich hier irgendwelchen angenehmen Täuschungen hinzugeben, hiesse dem Gesetz und der Sache, welcher es dienen will, einen schlechten Dienst erweisen. Die Dinge liegen in der Praxis noch lange nicht so, wie unser Wunschbild sie uns malt."

A patient in a closed institution who appears to come under the Law may not be discharged, or given leave, until the application for sterilization has been made and decided. Luxenburger points out some discrepancies. The Commentary on this article holds that if the appropriate persons have lodged an appeal against a sterilization order, then the patient must be detained until the lapse of the appointed period, or the decision of the Upper Eugenic Court and consequent

sterilization or not has disposed of the matter.

All cases of congenital or early mental deficiency must be reported, irrespective of whether they are hereditary or dependent on birth trauma or other exogenous factors (cf. Jahrreiss on this point). Among the psychiatric disorders specified, it is only in the case of alcoholism that the severity of the condition is of importance; indeed, Luxenburger says that it is precisely the mild cases that must be considered especially dangerous as regards propagation, and, therefore, as demanding especial thoroughness in reporting them. In a discussion, however, Bostroem asked for caution in the reporting of mild manic-depressive disturbances.

Much attention is given to the numerous persons who, through the mode of manifestation of their mental disorder or their complete recovery from it, are now at large in the community. They may be referred to a mental hospital if preliminary examination is required, or if there is strong suspicion that they may try to evade the procedure. Also, Luxenburger says, commitment is permitted if they are likely to be sexually unrestrained in the intervening period before the Court has given its decision. General social and medical grounds would justify it in such a case, in his opinion.

RESPONSIBILITY OF THE PHYSICIAN

Luxenburger examines the question of what is to be understood by the statement that the physician must report all the relevant cases which he encounters in the course of his professional work. In his view, no matter what the condition (*sciatica*, for example) which the physician is called in to treat, if he obtains any information or evidence of the present or past manifestation of one of the conditions named in the Law, he must report it. Similarly, if a healthy man seeks eugenic advice of a doctor concerning his marriage and he discloses, with his fiancée's consent, that she has previously had one of the diseases named, then the physician must report her. If her consent has not been given he need not report her. If the physician encounters a person with one of the specified

hereditary diseases in the course of research, the matter is still more subtle. Luxenburger deals with it somewhat casuistically, inclining to the view that so long as the physician gets to know of the condition only in the course of his research he is exempted from reporting it. Thus the physicians of the Research Institute, of which Professor Rüdin is Director, have authoritative assurance that they need not report cases that would otherwise fall under the provisions of the Law, and Professor Rüdin has said that it was intended by the Legislature that all scientific work in genetics should be thus exempted. Luxenburger adds significantly that it would be ruinous for genetic research if the cases that came to the physician's knowledge in this way had to be reported by him. All investigation of families stands or falls by the "unconditional confidence of the public in the absolute discretion of the research physician." There is not the slightest doubt, he says, that there is already considerable mistrust: such mistrust, if in any way justified, would mean the end of truthful information and consequently of reliable research and of the prestige of German genetics: so, says Luxenburger, it would do away with the possibility of giving the Legislature any further useful foundation for eugenic measures. The following is the actual text of his remarks:

Denn es wäre für die Erbforschung geradezu verhängnisvoll, wenn die Fälle, die aus Anlass der Forschung dem Arzte zur Kenntnis kommen, gemeldet werden müssten. Die Folgen wären gar nicht abzusehen. Alle Familienforschung steht und fällt mit dem unbedingten Vertrauen der Bevölkerung auf die absolute Diskretion des Forschers. Ein nicht unerhebliches Misstrauen ist ganz zweifellos heute schon festzustellen. Sollte dieses Misstrauen irgendwie berechtigt werden, so wäre es mit der Aufrichtigkeit der Auskunftgeber und damit zwangsläufig mit der Zuverlässigkeit der Familienforschung, dem Ansehen der deutschen Erbforschung und der Möglichkeit vorbei, dem Gesetzgeber auch weiterhin brauchbare Grundlagen für rassenhygienische Massnahmen zu liefern.

The importance of the above admission on the part of the foremost active worker in genetic research in psychiatry nowadays in Germany can hardly be over-estimated. In

the *latter* part of this article some other evidence will be given bearing on the attitude of patients and of doctors in actual practice towards the new law. Professor Rüdin has referred to the difficulties attendant on the dual part which practitioners must now play.

Derselbe Arzt, der als Therapeut, als Heilarzt, also die tiefe Dankbarkeit der wieder einigermaßen brauchbar gemachten Erbkranken erntet, kommt als Rassenhygieniker, als Rassenarzt, in die höchste Gefahr, mit seiner Forderung auf Fortflanzungsverzicht gegenüber demselben Menschen, dem er geholfen hat, auf das grösste Unverständnis zu stossen. Hier gilt es, geduldig aufzuklären und immer wieder zu betonen: Unser Kampf gilt nicht der einzelnen Erkrankung selbst, sondern dem, was hinter der Krankheit steckt, der krankhaften Anlage." *Archiv für Rassen u. Gesellschaftsbiologie*, Bd. 38, Heft 2, p. 230. 1934.

Both the Commentary of Gütt, Rüdin, Ruttke, and the article by Luxenburger, contain further valuable expositions of the administrative aspects of the Law: for example, who is to bear the cost of detention and operation; how the Courts are to be constituted; how the police are to be invoked if necessary, to apprehend the patient, and apply force before and during the operation, if the patient refuses to submit.

Of particular interest are the sections in the Commentary which deal with the actual diseases specified in the Law. No support is given to the view that the valuable qualities, even genius, which may accompany manic-depressive psychosis, should be set off against the disease when the decision as to sterilization must be taken in an individual case; an application should be lodged in *all* manic-depressive cases, irrespective of the completeness of recovery, duration of good health subsequently, or other endowment in valuable qualities. Also, it is explicitly asserted in the Commentary that, in view of the varying terminology in medicine, and especially in psychiatry, a number of other diagnoses than those specified in the Law will call for notification. Among them are melancholia, depression, paranoia, confusional states, delusions of persecution, religious mania, delirium, paraphrenia, convulsions and states of excitement. In the section

dealing with bodily malformation, a wide range of conditions is dealt with : it is stated that such a disorder as severe myopia must be reported (cf. also Max Lange on club foot, etc.).

In the foregoing, therefore, there is a descending order of authority : the Law, the Ordinances, the quasi-official Commentary, and the personal but very well-informed exposition by Luxenburger (who emphasizes that he is giving his private interpretation and pleads for latitude to offer helpful criticism).

VIEWS OF INSTITUTION SUPERINTENDENTS

Besides these there are scattered references, of varying weight and testimony, as to how the Law is working or how it is regarded. To collect all these would be difficult : the following are mostly taken from a journal which has been for many years the organ of the Reich Association of German Institutional Psychiatrists. This journal asked for information from superintendents of institutions about the way the Law is working. Some, in reply, complain of administrative delay and of the overcrowding of their mental hospital. The overcrowding is due to this delay and the impossibility of discharging patients who have recovered or would ordinarily be allowed out under supervision, and the necessity for taking back into the institution patients who had been living in the outside world but who had been diagnosed as having one of the specified illnesses. One superintendent is alone in stating that he now gets more thorough and willing information about heredity from the relatives of patients than ever before. Elsewhere, superintendents say that since the new Law more applications for discharge or parole are preferred than formerly, but permission is now rarely granted. Various reasons are given for the smaller number of admissions this year to some hospitals. It is pointed out by the director of a private sanatorium for nervous conditions that some of the patients, when ready to go home, have to be transferred to a public mental hospital under the new conditions because of the financial burden. He

adds that the public are still very ignorant of the nature of sterilization, and it is extraordinarily difficult to make clear to the relatives in a convincing way the social and individual meaning of the measure. It is rarely possible, he says, so far to get the patient to make the application himself.

Catholic institutions are faced with the necessity for much larger accommodation, as it is proposed that the scruples of Catholics should be met by the opportunity of evading sterilization by their permanent incarceration. Thus, St. Josef's Anstalt quotes in its Annual Report the text of Matthew xviii, 10, and assumes that most children there will remain for the rest of their lives. It is reported that Catholic judges and surgeons are to be exempted from taking part in the administration of the Sterilization Law. In reply to an inquirer, Rüdín is reported as stating that Catholic priests and nuns will have the provisions of the Law applied to them since, in so far as they are mentally affected, they are no longer under their vow.

Another superintendent, who says he is in the far from agreeable position (*wenig erfreuliche Lage*) of having to apply for the sterilization of 113 people who are living in families or in hostels, expresses much concern at the enormous demand the notifications make on the doctor's time and work ; his wards are grossly overfilled owing to the recall into the asylum of so many patients living outside.

Attention was drawn in the *EUGENICS REVIEW* (October 1933, page 157) to the ambiguity of the word "can" in the Law. This has been partly elucidated : the Gütt, Rüdín, Ruttke Commentary states that the "can" is permissive, in that formerly all eugenic sterilization was generally assumed to be prohibited, and now, in these specified instances, it is permitted. Where, however, the diagnosis is certain and none of the stated grounds of exception obtain (i.e. where age or health or permanent segregation preclude any further begetting or bearing of children), then it is a question of "must." Some obscure remarks about *Beweiswürdigung* follow in the Commentary. A published decision by the Eugenic Court in Stettin confirms the "compulsive"

interpretation—i.e. “kann” equals “muss.” This is also the interpretation stated emphatically by Professor Kehrer, of Münster.

THE STATISTICAL ASPECT

A valuable contribution to the statistical aspect of this problem is supplied by Dr. Dornedden, an official of the Reich Department of Health. Writing in the *Reichsgesundheitsblatt*, he gives the figures obtained from twenty-one selected institutions with over 24,000 inmates at the end of 1933. Of these, over 80 per cent. had one or other of the hereditary mental affections specified in the Sterilization Law; 67 per cent. of all the inmates would have to remain in the institution till they die; of the remainder, more than two-thirds would have to be sterilized before they could be discharged—i.e. 5,348, of whom 2,593 would be schizophrenics, 1,503 defectives, 169 manic-depressives, and 745 epileptic. Taking the total population of German mental hospitals and institutions at 160,000, Dr. Dornedden reckons on 36,000 sterilizations, excluding the annual influx of patients and those living outside institutions. He thinks his figure probably too low, however.

COMMENTS BY PSYCHIATRISTS

The attitude of doctors in practice is, of course, difficult to discover. At the lecture course given by the German Mental and Racial Hygiene Union, of which Professor Rüdin is the Reichskommissar, and later at the annual Congress of the German Psychiatric Society, the views of psychiatrists were partly made evident. Thus Roemer of Illenau, an influential and respected figure in German psychiatric institutional circles, said that among the 400,000 people in the Reich who are envisaged for sterilization, 360,000 are psychiatric cases; and that mistaken propaganda was causing much unnecessary worry in the general population. Other speakers did not see how space could easily be found for all the detained or recalled patients in mental hospitals. Some were not sure what must be held to justify a diagnosis of deficiency. Luxenburger said that a person who had twice failed to pass into the

next standard at school and had failed in life must be regarded as defective. Professor Bostroem said that whereas the diagnosis of schizophrenia was sufficient for sterilization, cases of manic-depressive psychosis ought to be considered on their individual merits. Rüdin said the Law applied to foreigners, provided they had the opportunity of leaving the country offered them.

Professor Kretschmer expressed concern lest clinics, which were mostly developed on a voluntary basis, should suffer, seeing that it would be necessary to use direct physical force to sterilize some patients; he therefore suggested central stations for such sterilization. In supporting this suggestion, Bresler speaks of “odium” as likely to attach to all hospitals where forcible sterilization may have to be carried out. As to abortion for eugenic reasons, there was some difference of opinion. Rüdin pointed out that it was at present forbidden but would come, with concomitant sterilization. Professor Hoffman said that there were certain kinds of neurotics that would have to be brought under the operation of the Law.

Professor Weygandt, of Hamburg, proposed the experiment of castrating chronic turbulent schizophrenics; it was good for them, he considered, and resulted in less noise, etc., in the institution. It is noteworthy in this connection that books are now appearing in which sterilization and castration are dealt with as related topics. Thus, the Gütt, Rüdin, Ruttke Commentary contains also the law about castration of certain moral offenders, with comments upon it. Surgeons naturally are also being provided with appropriate literature.

Many psychiatrists were anxious about the cost of all the work involved in reporting cases, collecting data, and furthering research. Rüdin promised to put in a word for them with the authorities, to get further financial support. But it is doubtful if this could mean much, for Rüdin himself, in the annual report of his Research Institute in Munich, remarks plaintively on the small and even diminishing financial support given by the various State authorities to his department. Most ironically, this follows an

acknowledgment of the indebtedness of his Forschungsanstalt in Munich to a public-spirited Jew for its foundation and maintenance at a critical period.

Doctors have also expressed their concern at the general effect of the Law upon the relations between the public and the doctor. Thus, Bonhoeffer, at the Annual Congress of the German Psychiatric Society, said that there was danger of psychiatry getting into discredit through an exaggerated picture-propaganda for eugenics. Doctors, it is often pointed out, have, in regard to the authorities, no obligation to professional secrecy where these hereditary diseases are in question. There is evidently alarm on this score which hinders eugenic inquiries, for the Führer of the Union of Hospital Doctors (Verbandsführer Schlayer) has issued a statement urging his colleagues to lay aside their fears in answering a questionnaire sent out by Professor Rüdin from the Kaiser Wilhelm Institute to hospitals and sanatoria. He says: "The Kaiser Wilhelm Institute is a pure research institution and, therefore, is not obliged to report or justified in making application [for sterilization] in certain hereditary diseases. Furthermore, data communicated do not come to the knowledge of the relatives or the patients; the method of the Research Institution is expressly to avoid telling how it has got the information, and only to concern itself with carrying out the investigations of the German people desired by the Government."

It is perhaps not insignificant that in regard to sterilization one finds the word "condemned" (verurteilt) used occasionally in medical reports. Thus Dr. Gloz, reporting on a case of epilepsy from the University Clinic in Hamburg, says that the patient, because of his seizures, was condemned by the Eugenic Court to be sterilized; but it was more or less fortuitously discovered that he had a cerebral tumour which was the cause of these attacks. "This patient escaped his doom only by the skin of his teeth." The effect of such a miscarriage of eugenic justice, it is pointed out, would be to damage public confidence in the eugenic courts and in the medical profession.

Without laying undue weight on such verbal usage as the word "condemned," it is possible that a general attitude is better to be recognized in such casual passages than in more deliberate pronouncements on what is to be encouraged and aimed at.

Professor Bumke, of Munich, has said that he doubted whether schizophrenia was actually a single disease, but he thought that that was of no consequence; one could cheerfully put up with it or take it into the bargain if once in a way some insane person, who was not schizophrenic, got sterilized as such. In a somewhat similar spirit, Professor Rüdin said that in these matters of sterilization and hereditary disease there could be no compromise. Defects in the Law and doubts must not cripple activity; critics would do better to join in the work themselves. In many articles one finds an implicit or explicit indication that a large number of doctors and medical teachers now regard eugenic work as more important than therapeutics. Rüdin, however, discountenances this.

EUGEN FISCHER ON THE STATE

A final word may be given to the general conception of the State of which this law is one of the plainest expressions. No more weighty expositor could be found than the biologist Eugen Fischer, now Rector of the Berlin University. In a commemorative address to the University, he first deplores the lack of racial pride in the former liberal national State, where it was forced into the background by economic questions, falsely applied "humanity," and the idea of equality. The national socialist conception, however, is of a Folk State (völkischer Staat) with a passionate longing for the old "common folkness" (Volkstum), rejection of an international intellectualism, and adhesion to a conscious ideal of the Nordic race of "our German forefathers." War and hunger and loss, inflation, contempt and lies from without, an unsuitable type of Government and moral degeneration led to this attitude of the whole people. Technical developments in the way of contraceptives made it possible to split sexual impulses and procreation which Nature had so firmly fused.

But in Germany, which seemed to be becoming racially moribund, the views of a Gobineau as to the inequality of different races were readily exposed as to their mistakes in historical, linguistic and anthropological fact, while his brilliant fundamental idea ("glänzende Grundidee") was overlooked. This "brilliant fundamental idea" is, one gathers, that heredity is very important.

Fischer asserts that "we know to-day the genetic differences of the individual races, we have full knowledge of the racial crossings and the rules and laws which after such crossing determine the reappearance of individual qualities." Racial identity is defined rather obscurely as consisting in "homozygous predispositions of definite qualities of great propagatory communities" ("gleicherbige Anlagen bestimmter Eigenschaften grosser Fortpflanzungsgemeinschaften bedeuten Rassegleichheit"). No qualification is offered of the assertion that we know now what race is in men, and know, moreover, about the mode of transmission of the different psychological qualities said to be its most important characteristics. We are said to be beginning to see the endless significance of hereditary mental qualities for the course of cultural history. Now, it is somewhat hardily asserted, we know the nature of the hereditary diseases, "how they are transmitted, their immutability and obligatory appearance in definite generations. Hence comes a new aspect of the hereditary and racial problem as it concerns the State. The great Führer of the national socialist State has not only on theoretical grounds but also intuitively by his healthy instinct turned to the old roots of 'Folkness'."

And so, "the aim of the State is not to be found in a merging in the total human culture but in the collecting and fostering of its own people, and only its own people, those who are of one blood and one stock. The development of the so-called minority rights which played a part in the Peace conferences, and afterwards on paper, but only there, is thus consequentially brought to an end." Our once defective ideas of race and heredity are now correctly and unassailably established. The notions as to a powerful influence of the

whole environment upon the individual, and a handing on of such so as to raise a better generation, are false. The significance of this may be seen in the history of nations, and on it is founded the Folk State. The racial and eugenic point of view must, and will, direct all internal political activity. The willingness to obey a Leader is biologically well-founded; there shall be a nobility of blood and soil, together with an equality in service in the station in which fate has placed us; the identity of blood in the people must speak with a louder voice than any differences of knowledge and position. The old worship of culture and progress is past.

In a fervently patriotic peroration Professor Fischer thanks God that the rich springs of German Folkness are still welling up to save the people from racial decay, applied as they are according to the programme of the National Socialist Government.

CONCLUSION

No attempt has been made in this article to examine the German claims or arguments, however obviously some of them called for criticism, nor to comment on the working of the Law and on its by-products. It is scarcely possible to give any adequate summary of all that is being done and said, even so far as it is available in print. Selection cannot do justice to all that is remarkable in German "eugenics." A factual account has been the object of the foregoing; those further interested are referred particularly to the Gütt-Rüdin-Ruttke volume, and still more profitably, if less "publishably," to the observations of English doctors who have had opportunities of seeing the Law in action in German clinics.

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